

Received by Globality S.A.:
Date/ Person responsible
Broker / Intermediary name Agentur DB 2001
Broker / Intermediary No. 907010033

Declaration of accession to group insurance

Globality CoGenio®

Globality S.A.

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Globality S.A.

Board of Directors: Andrew Kielty (Chairman), Roman Beilhack, Stephen Bishop
Commercial Register (R.C.S. Luxembourg): B 134471

Declaration of accession to group insurance

I herewith declare my accession to the group contract with the group contract number 83372 and request co-insurance of the persons listed under Person 1, 2, 3, 4.

The group insurance partner Agentur DB 2001 is the policyholder.

A. Particulars concerning the applicant (Person 1)

First name	Surname	Title	Date of birth (DD/MM/YYYY)	Start date of insurance
Gender <input type="checkbox"/> male <input type="checkbox"/> female	Nationality	Occupation		Professional status
Building/floor	Street and house number	Postcode and town		Country and region
Mobile phone (+ country code)	Fax (+ country code and local dialling code)		E-mail	
<input type="checkbox"/> New (not yet customer of Globality S.A.)	<input type="checkbox"/> Existing customer of Globality S.A./ Insurance No.			
Correspondence address <input type="checkbox"/> Same as above <input type="checkbox"/> Other:	Building/ floor	Street and house number	Postcode and town	Country and region

B. Particulars concerning the insured persons

Person	First name	Surname	Title	Husband/Wife	Non-marital partner	Child	Date of birth	Gender m f	Nationality	Occupation	Start date of insurance
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>			
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>			
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>			

C. Further particulars concerning the insured persons

Country of future location (where you will live as an expatriat):

Contractual language/ language for communication:

Home country:

All the required information will be provided in this language.

Country of current location (where the application is signed):

- German English
 French Spanish
 Dutch

D. Plan levels and geographical areas for Globality CoGenio®

Person	Plan level	Deductible*	Geographical area	Premium (monthly) in <input type="checkbox"/> € <input type="checkbox"/> \$ <input type="checkbox"/> £
1	<input type="checkbox"/> Classic <input type="checkbox"/> Plus <input type="checkbox"/> Top	<input type="checkbox"/> None <input type="checkbox"/> 250 €/ 325 \$/ 210 £ <input type="checkbox"/> 500 €/ 650 \$/ 420 £ <input type="checkbox"/> 1000 €/ 1300 \$/ 840 £	<input type="checkbox"/> None USA <input type="checkbox"/> Incl. USA	
2	<input type="checkbox"/> Classic <input type="checkbox"/> Plus <input type="checkbox"/> Top	<input type="checkbox"/> None <input type="checkbox"/> 250 €/ 325 \$/ 210 £ <input type="checkbox"/> 500 €/ 650 \$/ 420 £ <input type="checkbox"/> 1000 €/ 1300 \$/ 840 £	<input type="checkbox"/> None USA <input type="checkbox"/> Incl. USA	
3	<input type="checkbox"/> Classic <input type="checkbox"/> Plus <input type="checkbox"/> Top	<input type="checkbox"/> None <input type="checkbox"/> 250 €/ 325 \$/ 210 £ <input type="checkbox"/> 500 €/ 650 \$/ 420 £ <input type="checkbox"/> 1000 €/ 1300 \$/ 840 £	<input type="checkbox"/> None USA <input type="checkbox"/> Incl. USA	
4	<input type="checkbox"/> Classic <input type="checkbox"/> Plus <input type="checkbox"/> Top	<input type="checkbox"/> None <input type="checkbox"/> 250 €/ 325 \$/ 210 £ <input type="checkbox"/> 500 €/ 650 \$/ 420 £ <input type="checkbox"/> 1000 €/ 1300 \$/ 840 £	<input type="checkbox"/> None USA <input type="checkbox"/> Incl. USA	
*Classic level only with a deductible of 250 €/ 325 US\$/ 210 £. Total monthly premium (for all 4 persons)				0

E. Previous insurance

Do you have or have you ever had held health insurance cover in the past 5 years (including compulsory statutory/private/government insurance)?

Person	Insurer	Inpatient	Outpatient	Dental	Period (from – to/ month-year)
1	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F. Information on your state of health

Based on the answers you provide, you will be informed whether risk loadings have to be added to the premium or whether exclusions have to be applied to your insurance cover.

Important: Please note the following (refer also to "Responsibility for the information provided in the declaration of accession", page 5):

All questions must be answered in detail. Symptoms, illnesses and the consequences of an accident should be mentioned even if you consider them to be unimportant. Dashes do not qualify as an answer. **If you need more space:** continue on a separate sheet, specifying the number of the person concerned, and refer to that sheet in your declaration of accession. If you do not wish to reveal certain information to the intermediary, this information must be provided directly to Globality S.A. **in writing within three days.** In this case, you must indicate in the declaration of accession that the information is to be provided separately. If the questions on this page, where of relevance for acceptance of the risk, are answered incorrectly or incompletely, we may – if the duty to provide information has not been wilfully violated – submit a new quote allowing for the increased medical risk (risk loading or exclusion of benefits) within one month of being informed of the violation. The new quote must be accepted within one month of receipt. If the quote is not accepted within this period, we will have the right to terminate the insurance cover. The insurance cover shall be null and void if our assessment of the risk is affected by a wilful violation of your duty to provide information. In this case, you are obliged to repay the insurance benefits already received. We will not refund the paid premiums. **If insurance cover already exists with Globality S.A.,** it is not necessary to specify any disorders or courses of treatment during the last five years which are already fully known to Globality S.A. on account of the invoices or medical certificates presented to Globality S.A. in conjunction with the previously existing insurance contract.

Health conditions arising between signing the declaration of accession and confirmation of acceptance by Globality S.A. will equally be deemed to be pre-existing. **Therefore it is necessary that you advise us immediately of any material changes to the information provided, which would occur between submission of this declaration of accession and acceptance by us.**

	Person 1		Person 2		Person 3		Person 4	
Height and weight	in cm / in kg		[] []		[] []		[] []	
	No	Yes	No	Yes	No	Yes	No	Yes
1. Have you been admitted to a hospital, therapy centre, health cure or sanatorium during the last five years? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you undergone surgery (including outpatient surgery) at any time during the last five years? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you received psychotherapy or treatment of an addiction during the last five years? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you suffered any illnesses, disorders, consequences of an accident or other impairments of your health or have you undergone any examinations / treatment either during the last three years or at present? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you require any kind of medication (e.g. tablets, ointments)? If yes, please specify which and what for. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been advised, or are you planning, to undergo any kind of outpatient / inpatient treatment or examination? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has an HIV infection ever been established (e.g. through an AIDS test)? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have impaired vision with 8 diopters or more? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have any physical / organic defect, a chronic illness, an illness or injury due to military service, any reduction in your ability to work / degree of disability? If yes, please enclose a copy of the official notice. _____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you pregnant? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you visited a dentist during the last three years? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you currently receiving dental treatment, are dentures being produced or renewed, are you receiving treatment for periodontitis or orthodontic treatment, or has such treatment been recommended or planned? (If yes, please submit a Dental Examination Report to us in addition to this form. The Dental Examination Report must be completed, signed and stamped by the dentist of the respective person.) If you have not received a Dental Examination Report please consult your insurance broker or visit www.globality-health.com .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have any missing teeth which have not yet been replaced (other than milk and wisdom teeth, as well as teeth for which the gaps have been filled by adjacent teeth)? (If yes, please submit a Dental Examination Report to us in addition to this form. The Dental Examination Report must be completed, signed and stamped by the dentist of the respective person.) If you have not received a Dental Examination Report please consult your insurance broker or visit www.globality-health.com .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further details concerning questions 1 – 9 and 12 if answered with "yes":					
Person	Question	Type of illness, drugs, injury, symptoms, examination (what was diagnosed?); diopter grade? Question 12: which treatment?	Treatment / symptoms from – to	Name and address of doctors, hospitals; who can provide further information?	When did treatment / symptoms cease?

Mandatory: Please specify the name and address of your family doctor or other doctor best able to provide further information concerning your health:

G. Special agreements* and remarks

* Subject to written confirmation by Globality S.A.


H. Payment of premiums

<p>Payment to be made by</p> <p><input type="checkbox"/> Insured person</p> <p><input type="checkbox"/> Policyholder</p>	<p>Payment frequency</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Half-yearly</p> <p><input type="checkbox"/> Yearly</p>
<p>Payment method</p> <p><input type="checkbox"/> Premium to be remitted to Globality S.A. – EURO Account BGL BNP Paribas · IBAN: LU090030309301020000 · BIC Code: BGLLLULL</p> <p><input type="checkbox"/> Premium to be remitted to Globality S.A. – USD Account BGL BNP Paribas · IBAN: LU450030309301173000 · BIC Code: BGLLLULL</p> <p><input type="checkbox"/> Premium to be remitted to Globality S.A. – GBP Account (only for GBP premiums) HSBC · IBAN: GB87MIDL40025081330713 · Swift Code: MIDLGB22 · Sort Code: 400250</p>	
<p><input type="checkbox"/> Credit Card</p> <p>Together with your welcome package, you will receive a link to a special secure webpage, where you will be able to enter your credit card details in order to active your insurance cover. Please note that the following surcharges are due on the premium for the respective intervals: 0% for yearly payment, 2% for half-yearly payment, 3% for quarterly payment and 4% for monthly payment.</p>	
<p><input type="checkbox"/> Direct debit (applies only for Euro premiums within the Eurozone*, UK and Denmark). Please complete the below SEPA Direct Debit Mandate and return with the application form.</p> <p><small>*Eurozone includes: Austria, Belguim, Cyprus, Estonia, Finland, France, Germany, Greece, Italy, Latvia, Luxembourg, Malta, Netherlands, Portugal, Republic of Ireland, Slovakia, Slovenia, Spain.</small></p>	

One account must be specified for reimbursements by the insurer if available.

Account holder	Name of bank
Swift (BIC)	IBAN
Postal / zip / area code / Town / city	Country
Account No. (where IBAN is not available)	Branch No. (BLZ, ABA, sort code – where BIC/SWIFT is not available)

SEPA Direct Debit Mandate

 Please be aware that SEPA Direct Debit functionality is only applicable for EURO payments within the Eurozone, United Kingdom and Denmark. Such functionality does not apply to USD and GBP payments and clients paying from outside the Eurozone.

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Mandate Reference – to be completed by the creditor

By signing this mandate form, you authorise (A) Globality S.A. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Globality S.A.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Please complete all the fields marked *. Creditor is to complete fields marked ** before supplying form to Debtor.

Name of Debtor * 1
Name of the bank account holder

Address of Debtor * 2
Street name and number

* 3
Postal code City

* 4
Country

IBAN of Debtor * 5
Account number – IBAN (International Bank Account Number) of the Debtor

* 6
BIC / SWIFT code

Creditor's Name ** 7
Creditor name

** 8
Creditor identifier

** 9
Street name and number

** 10
Postal code City

** 11
Country


Type of Payment * Recurrent payment One-off payment 12

Details regarding the underlying relationship between the Creditor and the Debtor – for information purposes only.

Name of Policyholder 13
First and Last Name

Policy No. / Insurance No. if known 14

City or town in which you are signing* Location Date * 15

Please sign here*  Signature(s)

If you are an individual client please send the completed form to: service-yougenio@globality-health.com

If you are insured on a corporate plan please send to: service-group@globality-health.com

Creditor's use only

Declarations by the applicant and person(s) to be co-insured

The following points are known to me:

Right of withdrawal

You may withdraw your declaration of accession to the insurance contract in writing within 14 days without stating any reasons. The time-limit begins to run on the day on which you receive your insurance policy and the General Conditions of Insurance. For compliance with this deadline, it is sufficient to send your notice of withdrawal by post, e-mail or fax before it expires. Your withdrawal should be addressed to Globality S.A., 13, rue Edward Steichen, L-2540 Luxembourg. If you send your withdrawal by e-mail or fax, please send it to: service-group@globality-health.com +352 / 270 444 3599.

Consequences of withdrawal

If you validly exercise your right of withdrawal, the premiums and benefits received must be returned by the respective parties. If you have agreed to inception of the insurance cover before expiry of the period for withdrawal, we are only obliged to refund the premium corresponding to the period following the receipt of your notice of withdrawal.

Responsibility for the information provided in the declaration of accession

Before declaring my intention to access an insurance contract, I must inform the insurer of all circumstances known to me and requested by the insurer, which are of importance for the insurer's decision to provide the agreed insurance cover.

Attention is drawn to the information given on page 2 with regard to the legal consequences of incorrectly answering the questions concerning your state of health.

Applicable law

Unless the application of a different law is required by national legislation or unless otherwise stipulated in the insurance contract, the insurance contract shall be governed by the law of the Grand Duchy of Luxembourg.

Supervisory authority

Complaints may be addressed to Globality S.A. or to the ombudsman for insurance companies (A.C.A. – Association des Compagnies d'Assurance – in collaboration with the U.L.C. – Union Luxembourgeoise des Consommateurs) or to the supervisory authority for the insurance sector in Luxembourg, the Commissariat aux Assurances.

Consent to the receipt, storage, processing and transmission of personal data

By claiming insurance cover under the insurance contract, I explicitly agree to the receipt, storage and processing of my personal, insurance, health data and bank details by Globality S.A., and to the transmission thereof to other companies in the Münchener Rückversicherungs-Gesellschaft AG, the reinsurer group, to contracted medical providers and to partners cooperating with Globality S.A. Globality S.A. undertakes to collect, store, process and transmit such data and details to third parties exclusively for the purpose of the performance of the insurance contract, the granting of the insurance cover and the provision of assistance services, advice and support.

Information concerning the identity and registered office of third parties processing my data is available from Globality S.A. on request at any time.

This consent shall continue to apply after my death, and be valid for my insured children and any other insured persons whom I represent by law.

I have a right of access and rectification to my personal data on request at any time.

Mandate to provide medical information

By claiming insurance cover under the insurance contract, I give appropriate mandate to allow doctors, nurses and other medical staff, as well as employees of hospitals, clinics, nursing homes, private insurance companies, statutory health insurance institutions, employers liability insurance associations and public authorities who are named in the documents presented to Globality S.A. or were involved in the medical treatment, to provide Globality S.A. with information on my health and treatment in order to permit assessment of the medical risk when accessing to the contract and verification of my rights under the insurance contract.

By claiming insurance cover, I also give appropriate mandate to allow Globality S.A. to provide information on my health and

treatment or on my insurance cover to other companies in the Münchener Rückversicherungs-Gesellschaft AG, the reinsurer group, to contracted medical providers, to partners cooperating with Globality S.A. and, with regard to recourse purposes, to other liable insurance companies or third parties. This mandate is revocable at any time. Globality S.A. undertakes to provide such information to third parties exclusively for the purpose of the performance of the insurance contract, the granting of the insurance cover and the provision of assistance services, advice and support.

The mandate as defined above shall continue to apply after my death, and be valid for my insured children and any other insured persons whom I represent by law.

I also agree, subject to revocation at any time, that Globality S.A. may obtain information from the Register of Companies, the Register of Debtors and the Register of Private Insolvencies, either directly or through credit reporting agencies, in order to assess my creditworthiness.

Application and acceptance of your declaration of accession to group insurance

The declaration of accession does not bind either you or us to conclude the contract. However we will notify you within 30 days of receipt with an insurance offer. The insurance will be subjected to an inquiry or survey which could result in the refusal to insure. We will provide insurance cover in good faith, assuming that you have correctly and completely answered all the relevant questions raised before the start of the insurance policy (this is known as your 'pre-contractual duty to disclose information').

Start date of insurance cover

Insurance cover commences on the date specified in the insurance policy (start date of insurance). Insured events occurring before the start date of the insurance will not be indemnified. Insurance events occurring after conclusion of the insurance contract are only excluded from indemnification insofar as they occur before the start date of the insurance.

If the insurance cover is amended, the provisions of this paragraph will apply to the new, additional part of the insurance cover.

Governing documents

The insurance plan entered through this declaration of accession is governed by the General Conditions of Insurance for Globality CoGenio®.

A copy of the declaration of accession will be handed over to me as soon as I have signed it.

Conversion:

- General Conditions of Insurance for the Globality CoGenio®

In cases of conversion of an insurance cover (e.g. change of plan levels), the plan features specified in the General Conditions of Insurance for Globality CoGenio® shall apply for the new plan level as from the date of conversion specified in the endorsement to the insurance certificate.

- Right of withdrawal

The previous insurance cover shall continue to apply if a requested conversion does not become effective because the right of withdrawal has been exercised.

- Crediting of the prior term

The term of the prior insurance shall be credited to the new insurance following conversion.

Insurance cover may be increased during an insurance year; reductions in insurance cover are only possible with effect from the beginning of the next insurance year.

- Insurance year

The insurance year shall remain unchanged following conversion.

- Surcharges for substandard risk, restrictions, exclusions

If surcharges were payable for substandard risk prior to conversion of the insurance, these surcharges shall also be levied on the new plan premiums at the same percentage rates unless agreed otherwise. The surcharges will change

to the same extent that premiums change (e.g. due to adjustment).

Any restrictions on insurance cover and exclusions from benefits applicable in the past will continue to apply after conversion of an insurance.

Illnesses and their consequences, as well as the consequences of accidents which have occurred during the previous insurance term and which constitute an increased risk according to medical findings may be excluded from the higher insurance cover. This also includes the treatment and delivery associated with an existing pregnancy.

Persons eligible for insurance

As an employee / member of the group policyholder specified on page 1, I confirm being eligible for insurance under this group contract or that I will be eligible on the start date of the insurance cover. I am aware that family members / my non-marital partner can only be co-insured to the extent that they are eligible for insurance under the provisions of the group contract; they are not co-insured automatically.

Previous insurance

You need to provide Globality S.A. with your previous health insurance or state healthcare system details of the past 5 years (including compulsory statutory/private/government insurance) for inpatient, outpatient and dental cover.

I. Final provisions

Please check that the information provided in this declaration of accession is correct and complete.

By signing this form,

- I also give my consent to the receipt, storage, processing and transmission of personal data and give mandate to provide medical information (in some jurisdictions referred to as release from the professional confidentiality duty) as detailed on page 5. I give this consent for myself, for my insured children and for the coinsured persons I represent by law.
- I do not give mandate to professionals to provide Globality S.A. with information on my health and treatment as detailed on page 5. I wish to be informed by the insurer, which persons and institutions information is required from. I will then decide in each instance whether or not I will give mandate to the specified persons or institutions to forward information to Globality S.A.

If I choose this alternative,

1. conclusion of the insurance contract which I have requested may be delayed or denied, if the remaining sources of information do not make it possible to investigate and assess the risk.
2. it may take longer to investigate my claims, benefits may be reduced or the insurer may be relieved from its obligation to pay benefits if the obligation to pay benefits cannot be fully established on the basis of the remaining sources of information.

To be completed by the intermediary:
When answering the questions in this form, did the insured person provide information which has not been recorded in this application form? No Yes

If yes, which?

All information and documents regarding my policy will be sent:

- to my correspondence address
- to the following intermediary to whom I give mandate to receive them on my behalf:
- to the policyholder

to whom I give mandate to receive them on my behalf.

I herewith agree that information on special offers by Globality S.A. may be sent to me in writing and by telephone.

- Yes No This consent may be revoked at any time.

By signing this form, I also give my consent to all declarations printed on pages 5 and 6 (including the declaration concerning my right of withdrawal and data protection) and confirm having read and understood the General Conditions of Insurance for Globality CoGenio®.

Place and date	Signature of the insured person	Signature of intermediary

Agentur DB 2001, No. 907010033		
Intermediary name and No.	Sub-intermediary 1 name and No.	Sub-intermediary 2 name and No.

Signature(s) of the co-insured person(s) or their legal representative(s)